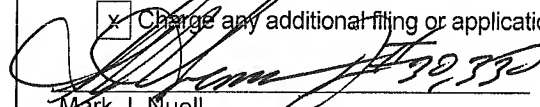


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0020-5041PUS2	
Application No. 10/525,021-Conf. #3141		Filing Date February 18, 2005		Examiner C. K. Huynh	
Art Unit 1617					
Applicant(s): Mitsutaka NAKAMURA et al.					
Invention: AGENT FOR TREATMENT OF SCHIZOPHRENIA					
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	10	- 20 =	0	x 50.00	0.00
<b>Independent Claims</b>	2	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					
<input checked="" type="checkbox"/> Large Entity <div style="float: right;"><input type="checkbox"/> Small Entity</div>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark J. Nuell Attorney Reg. No.: 36,623				Dated: <u>June 19, 2008</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 12770 High Bluff Drive Suite 260 San Diego, California 92130 (858) 356-5959					